

Beyond Dyadic Interactions

An Introduction to the Thematic Issue on Healing Cooperations

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This thematic issue of *Curare* presents papers from the conference *Healing Cooperations. Cooperation with and without Consensus in the Context of Illness and Healing*, which was held in Siegen, Germany in June 2016.

Researchers in the fields of anthropology and medicine are familiar with the observation that people have different and shifting explanations for health and illness and know of different approaches to maintain the former and treat the latter. Medical anthropology has long since shown that researching the dyadic relations between those providing and those seeking health services does not necessarily result in a more thorough understanding of the situated, practical, diverse, and sometimes conflicting ways of handling disease and illness. The focus on dyadic relationships within healing encounters often falls short, since many people seeking health services* are involved in a complex network of friends, acquaintances, and family members; they get advice from various professional and lay sources, and thus try different and often contradictory therapies—alternately, simultaneously, or in a synthesizing way. Likewise, there is plurality on the healer's side. Rarely is one supplier of a health service competent to cure all existing afflictions and conditions; they are usually specialized in a specific set of disorders and discomforts, as well as the treatments thereof. We see this as a fundamental characteristic of all healing encounters, no matter whether the healers are medical doctors, non-medical professionals, alternative practitioners, or any other medicine man or woman or if the patients are considered to be clients, customers or consumers. To deal with this situation,

healers also often use different kinds of treatment and often pass patients on to other healers. This is not only the case in the highly specialized area of modern biomedicine, which is fragmented into differing approaches and faced with the division of the body and corresponding medical experts for specific body parts, but also among non-biomedical therapies. Healers and patients are thus confronted with a multitude of complementary and partially contradicting therapies, which then lead to open and experimental practices on both sides (cf. FEIERMAN 1985; GOOD & DEL VECCHIO GOOD 1994; Hsu 2017; JANZEN 1978; 1987; KRAUSE, PARKIN & ALEX 2014; LOCK & GORDON 1988; LOCK & NGUYEN 2010; LUIG 2007; MAIN 2016; NICHTER 1980; WHYTE 1997).

What is more, these heterogeneous and experimental practices are typically performed in a social sphere where the individual actions are evaluated, judged, and maybe even sanctioned by others. Thus, patients as well as healers sometimes have to hide the plurality of their practices if they are concerned about their reputation—for example, physicians who are afraid of losing their authority because they sometimes advise patients to see a shaman or even themselves act as a shaman outside their professional consulting hours; or patients who are afraid of impairing their relation to a special healer if the healer finds out that the patient did not follow the healer's advice and uses treatments that the healer judges to be superstitious and ridiculous (VOSS 2011). More often than not, healing practices beyond the private healer-patient interactions are a public affair, ranging from the inclusion of friends, families, or colleagues to recovery processes shared on social media. In line with ZILLINGER (2017), we conceive the publics of healing cooperations not in a dichotomy of prefigured public and private spheres, but as continuously negotiated domains of attendance, for instance in the potentially problematic visibility of doctors' orders in

* In the following, we use the term healer to comprise all those providing health services, irrespective of the individual cosmology, ideology, and treatment. Similarly, we use the term patient to denote everyone seeking health services.

patients' files (GARFINKEL 1967: 186–207; FREIDSON 1975: 167–185).

In medical anthropology, the coexistence, interaction, and fusion of different healing methods have been discussed for a long time using concepts such as “medical pluralism” (LESLIE 1975, 1976, 1980), “multiple medical realities” (JOHANNESSEN & LÁZÁR 2006), “medical diversity” (PARKIN 2013), “super-diversity” (VERTOVEC 2007, GREEN, DAVISON, BRADBY, KRAUSE, MEJIAS & ALEX 2014), “hyperdiversity” (HANNAH 2011), “medical landscapes” (HSU 2008), or “medicoscapes” (HÖRST & WOLF 2014). Broadening our perspective to include the diverse healing practices beyond the dyadic healer-patient interaction, we may use these concepts—even if they are partly perceived as oppositions. But this is just one step in the direction of a much deeper understanding of complex healing practices that involve a wide range of human actors, but also a possible even broader range of non-human agents such as viruses, spirits, drugs, forces, bacteria, machines, plants, genes, memes, and other media, means, or infrastructures. Pushing beyond dyadic conceptions of healer-patient relationships and past the multiplicities of synchronous and asynchronous bilateral interactions, we thus see the need to fundamentally de-center our analysis of healing cooperations. This entails looking past prominent issues such as empowerment or emancipation in professional healing encounters. It takes into account that healing practices are always ingrained with popular knowledge that adds to, contributes to, or conflicts with the esoteric or specialized knowledge of healers. And it acknowledges that the plurality of involved entities is a constitutive feature of all healing encounters.

We take our cue from the discussions sparked around the involvement of non-humans in social arrangements in Science and Technology Studies (STS) and Actor-Network Theory (ANT, cf. LATOUR 2005), that have been fruitfully extended to biomedical practices in many cases (BERG & MOL 1998). With the term healing cooperation, we aim to focus on the issues of how the heterogeneous entities must work together if they are to create successful healing encounters. Our understanding of cooperation does not presuppose any kind of harmony or shared goals between the parties involved. Cooperation does not require consen-

sus; it may entail conflict or some form of disparate interests that become interrelated during the healing encounter (PROUT 1996). In addition to the insights of medical anthropology mentioned above, this understanding of cooperation draws on sources from medical sociology and STS, which we aim to combine. Medical sociology has studied doctor-patient relationships, mainly in biomedicine, for many decades. This line of research has questioned the patriarchic-professional model of medical dominance and control for a long time. Shared decision-making, evidence-based medicine, and new medical technologies have profoundly changed communicative patterns of the medical encounter (cf. PILNICK *et al.* 2010). Especially the convergence of medical and media technologies poses new questions of how healthcare will be organized beyond dyadic healer-patient relationships in the future (cf. LUPTON 2017). We thus consider healing cooperations to be hybrid and distributed arrangements that include a vast array of diagnostic and therapeutic technologies (MOL 2002) and information technologies (MORT *et al.* 2009) within organized settings of healthcare. However, we also see the need to extend the focus beyond the prominent study of biomedical technologies to a plurality of healing encounters. Healing cooperations can thus be understood as cooperative and situated practices with or without consensus within an assemblage of human and non-human entities. The cooperative tasks bring and hold together the bodies, ideologies, tools, institutions, and all the other agencies directly or indirectly involved. Because healing encounters are not isolated instances, but connected with personal histories, diverse publics, overarching institutions, and conflicting ideologies, we would expect manifold negotiations and articulations to take place (cf. STRAUSS *et al.* 1985). With this concept of healing cooperations in mind, we asked for contributions to the conference that examine the details of historical and current healing cooperations around the world. While many of the contributions still use healer-patient interactions as starting points for their analysis, we can also see them as exploring diverse healing cooperations and employing different theoretical framings.

In his contribution on *Bionetworking in the Context of Autoimmunity in Brazil*, MÁRCIO VILAR

takes us into the quite new and broad field of auto-immune diseases and focusses on a controversy about their treatment in Brazil. The conventional biomedical way of treating autoimmunity is based mainly on suppressing the immune system, since it is assumed that such diseases can be traced back to immune reactions that affect parts of the patient's own body and result in inflammatory processes. Even if the exact cause remains unknown, the majority of medical authorities sees the body at war against itself. This kind of treatment has been challenged by other physicians who experiment with immune-stimulating drugs and claim to get good results. Against the background of his own positive experiences with immune-stimulant therapy, VILAR describes how the physicians supporting a way of therapy that contradicts the conventional wisdom cooperate, in a legal grey zone and more or less secretly and often informally through the Internet, with thousands of patients to use and to support this kind of marginalized medicine. VILAR presents a dynamic and fascinating assemblage in which lawyers, politicians, pharmacists, physicians, patients, the media, drugs, and bodies intersect in a controversy about cosmology, authority, empowerment, and innovation. And it remains to be seen how well the common suppression of stimulation will work and how far bio-networking in Brazil will change local and global treatments of autoimmunity.

HELMAR KURZ's contribution on *Healing Cooperations of Spiritism, Biomedicine, and Psychiatry in Brazil and Germany* is based on anthropological fieldwork in the two countries between 2015–2017, where he focusses on the transfer of Kardecist healing practices from Brazil to Germany by Brazilian immigrants supported by Germans. He presents four ethnographic examples from Brazil and Germany and shows in detail how healers and patients of spiritistic, biomedical, and psychiatric institutions cooperate with each other in Brazil. Even if the cooperation between spiritists and psychiatrists is often attacked, e. g. by psychiatry reformers and Evangelical Churches, spiritist practices are nevertheless integrated in public mental healthcare, and in addition some psychiatrists and physicians refer their patients to spiritistic institutions when their own therapies are not successful. In Germany, the situation is different

and the cooperations between spiritism, biomedicine, and psychiatry are not established. KURZ does not discuss the attempts to establish such a cooperation in Germany, but the conflicts that appeared within a group of Brazilian and German spiritists about culture and identity finally resulted in the dissolution of the group.

In her article on *Curses and Systems of Healing Cooperation in Post-Soviet Tuva, Siberia*, based on 12 months of anthropological fieldwork in Kyzyl, Siberia in 2015 and 2016, MAŁGORZATA STELMASZYK introduces us to a cosmos that is inhabited by invisible spirits, multi-layered personhoods, and the omnipresent peril of being cursed. She describes the local healing practices of shamans, lamas, and physicians against the background of the post-Soviet situation and elaborates in detail how different healers are supposed to be competent for different illnesses, as well as how cooperation between shamans, lamas, physicians, and patients works, how they explicitly and more or less discretely refer their patients to each other, and how, even in cases where healers are opposed to each other and do not recommend trying other healing practices, a cooperation between them is often initiated by the clients who, due to the hidden and secret realm of curses, usually visit all three kinds of healers simultaneously to cover all possible sources of their discomforts.

The background of KATRE KOPPEL's contribution on *Why Chinese Medicine is Making its Way into Estonian Healthcare* is the demarcation line between biomedicine and alternative medicines that is traditionally drawn very clearly in Estonia and that led to a general practice—quite contrary to the post-Soviet practices STELMASZYK describes—of keeping quiet about visiting alternative healers, since biomedicine is regarded as being evidence-based and scientific and everything else that is labeled alternative medicine is regarded as being not evidence-based and thus not scientific. Expressing sympathy for anything related to the broad category of alternative healing may therefore cast one's reputation into question. KOPPEL did anthropological fieldwork for almost two years, and in her article, she focuses on the boundaries between biomedicine and the fuzzy category of Chinese medicine, which marked an exception within non-biomedical therapies in Estonia. Medical techniques from China were practiced by

physicians already in the Soviet Union and acupuncture held a kind of privileged position among more or less secretly practiced alternative therapies all over the Soviet Union. After the end of the Soviet Union, acupuncture first declined institutionally, but in the course of time became more and more accepted and finally escaped being categorized as alternative medicine. KOPPEL follows the ups and downs of acupuncture in Estonia that can be understood only by analyzing the complex interplay of the traditional handling of Chinese medicine in the area, single charismatic brokers who advertise Chinese medicine, and the general ideological, economic, and political developments in the Estonian health care system in relation to global tendencies.

DANUTA PENKALA-GAWĘCKA's contribution on *Complementary Medicine and Biomedicine in Healthcare Systems of Post-Soviet Kazakhstan and Kyrgyzstan* is based on several years of fieldwork between 1995 and 2000 as well as from 2011 to 2013. She also focusses on the constructed great divide between biomedical and non-biomedical therapies and the various ways of collaboration between actors from both sides. Like STELMASZYK and KOPPEL have shown, PENKALA-GAWĘCKA elaborates that, even if non-biomedical treatment was present during Soviet times, the range of alternative treatment options has increased since then, especially in urban areas. She analyzes the categories in the making, emphasizing the categories' flexibility, fuzziness, and strategic applications. She shows how the process of professionalization of healing methods that are labeled traditional led to the establishment of various institutions, certifications, and official licenses and to a situation in which alternative healers were able to work in public and private healthcare institutions and in which many physicians combine their practices with alternative medical practices and often do not refer solely to science, but also to tradition in order to advertise their expertise. But against the background of changing economic, political, and religious circumstances, the situation for alternative healers became worse and the boundaries between biomedical and non-biomedical therapies were reified, especially in Kyrgyzstan—mainly through boundary work by those physicians who themselves integrate alternative healing practices in their work.

Cooperation and conflict are at the center of the contribution by PIERRE PFÜTSCH, who analyzes the institutional developments of *Paramedics in West Germany* from 1949 to 1990. Their professional formation is closely linked to a conflict over authority with physicians. On the one hand, early modes of cooperation between paramedics and emergency doctors also sparked conflict between the two parties involved. On the other hand, this initial conflict led in the late 1980s to the reformulation of the respective tasks and obligations. PFÜTSCH reconstructs the historical narrative of the conflict using letters to the editor in the German specialist periodical "Rettungsdienst", where both paramedics and physicians voice their concerns about the difficult issues of cooperation. Yet, as PFÜTSCH shows, this conflict resonates far beyond the concrete working relations between paramedics and physicians, because it includes the charity organizations that provide the rescue services in addition to the German Medical Association and political agencies from the institutional side. Only the careful maneuvering of the divergent interests and the codification in written law over time led to a settlement of this professional healing cooperation.

STEFAN REINSCH, JÖRG NIEWÖHNER, and DORIS STAAB offer an inside perspective on becoming a specialized cystic fibrosis physician in their paper on *The Ecology of Care in Cystic Fibrosis*. They employ a practice-theoretical perspective on the dynamics of learning as distributed activity. Using participant observations from a cystic fibrosis ward in a German university hospital, the paper traces how novice physicians learn to manage chronic diseases within the complex ecology of the ward. Their professional knowledge and their professional identity evolve in parallel, as they become members of a specific community of practice that is composed not only of doctors, but also of nurses and patients. Such a community essentially defines the situated healing cooperations of cystic fibrosis as it also negotiates the identities of physicians, nurses, and patients. It also formats the mobilization and coordination of numerous heterogeneous entities, from diverse human actors and their knowledge of managing cystic fibrosis to the social organization of a medical ward, the usefulness of specific drugs in the course of treatment, and the legal consequences of possible

life-threatening conditions. Thus, managing a serious chronic disease cuts across the established responsibilities of the involved groups and actors, creating the need for constantly negotiating the situated healing cooperations of routine medical treatment.

In the last contribution, the psychologist CHRISTIAN ERBACHER adopts Wittgenstein's method of looking for analogues and explains his philosophical work using the concepts of philosophy, therapy, and mythology that Wittgenstein himself already used. Just as reading philosophical texts is a cooperative practice between author, text, and reader, philosophy becomes a cooperative practice of healing mental cramps through clarification and finally replacing one mythology by another in a kind of endless therapy. Even if there is similarity between philosophy and psychotherapy, they are not the same. ERBACHER thereby shows how healing cooperation turns out to be a situational and open-ended cooperative practice that does not give up hope for relief, and he is optimistic that further delving into the therapeutic aspects of Wittgenstein's work could be fruitful for healers and thus for their patients.

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References

- BERG, MARC & MOL, ANNEMARIE (eds) 1998. *Differences in Medicine. Unraveling Practices, Techniques, and Bodies*. Durham: Duke University Press.
- FEIERMAN, STEVEN 1985. Struggles for control: The social roots of health and healing in modern Africa. *African Studies Review* 28, 2+3: 73–147.
- FREIDSON, ELIOT 1975. *Doctoring Together. A Study of Professional Social Control*. New York: Elsevier.
- GARFINKEL, HAROLD 1967. *Studies in Ethnomethodology*. Englewood Cliffs: Prentice-Hall.
- GOOD, BYRON J. & DEL VECCHIO GOOD, MARY-JO 1994. In the subjunctive mode: Epilepsy narratives in Turkey. *Social Science & Medicine* 38, 6: 835–842.
- GREEN, GILL; DAVISON, CHARLIE; BRADBY, HANNAH; KRAUSE, KRISTINE; MEJIAS, FELIPE MORENTE & ALEX, GABRIELE 2014. Pathways to care: How superdiversity shapes the need for navigational assistance. *Sociology of Health & Illness* 36, 8: 1205–1219.
- HANNAH, SETH D. 2011. Clinical care in environments of hyperdiversity. In DEL VECCHIO GOOD, MARY-JO; HANNAH, SETH D.; WILLEN, SARAH S.; VICKERY, KEN & PARK, LAWRENCE TAESENG (eds). *Shattering Culture. American Medicine Responds to Cultural Diversity*. New York: Russell Sage Foundation: 35–69.
- HÖRST, VIOLA & WOLF, ANGELIKA 2014. ARVs and ARTs: Medicoscapes and unequal placemaking for biomedical treatments in sub-Saharan Africa. *Medical Anthropology Quarterly* 28, 2: 182–202.
- JANZEN, JOHN M. 1978. *The Quest for Therapy in Lower Zaire*. Berkeley, London: University of California Press.
- 1987. Therapy management: Concept, reality, process. *Medical Anthropology Quarterly*, 1, 1: 68–84.
- JOHANNSEN, HELLE & LÁZÁR, IMRE (eds) 2005: *Multiple Medical Realities. Patients and Healers in Biomedical, Alternative and Traditional Medicine*. New York, Oxford: Berghahn.
- HSU, ELISABETH 2008. Medical Pluralism. In HEGGENHOUEN, KRIS & QUA, STELLA (eds) *International Encyclopedia of Public Health. Vol. 4*. Amsterdam: Elsevier: 316–321.
- 2017. Patients, practitioners and “pots”: Probing Chinese medicine in East Africa. *L'Uomo Società Tradizione e Sviluppo* 1: 27–47.
- KRAUSE, KRISTINE; PARKIN, DAVID & ALEX, GABRIELE (eds) 2014. Turning Therapies. Placing Medical Diversity [Special Issue]. *Medical Anthropology* 33,1.
- LATOUR, BRUNO 2005. *Reassembling the Social. An Introduction to Actor-Network-Theory*. Oxford: Oxford University Press.
- LOCK, MARGARET & GORDON, DEBORAH (eds) 1988. *Biomedicine Examined*. Dordrecht: Kluwer.
- LOCK, MARGARET & NGUYEN, VINH-KIM 2010. *An Anthropology of Biomedicine*. Oxford: Wiley Blackwell.
- LESLIE, CHARLES 1975. Pluralism and integration in the Indian and Chinese medical systems. In KLEINMAN, ARTHUR (ed). *Medicine in Chinese Cultures*. Washington, D.C.: U.S. Government Printing Office: 401–417.
- (ed) 1976. *Asian Medical Systems. A Comparative Study*. Berkeley: University of California Press.
- 1980. Medical pluralism in world perspective. *Social Science & Medicine* 14B: 191–195.
- LUIG, UTE 2007. Diversity als Lebenszusammenhang – Ethnizität, Religion und Gesundheit im transnationalen Kontext. In KRELL, GERTRAUDE; RIEDMÜLLER, BARBARA; SIEBEN, BARBARA & DAGMAR VINZ (eds). *Diversity Studies. Grundlagen und disziplinäre Ansätze*. Frankfurt am Main: Campus: 87–108.
- LUPTON, DEBORAH 2017. *Digital Health. Critical and Cross-Disciplinary Perspectives. Critical Approaches to Health*. London: Routledge.
- MAIN, IZABELLA 2016. Biomedical practices from a patient perspective: Experiences of Polish female migrants in Barcelona, Berlin, and London. *Anthropology & Medicine* 23, 2: 188–204.
- MOL, ANNEMARIE 2002. *The Body Multiple. Ontology in Medical Practice*. Durham: Duke University Press.
- MORT, MAGGIE; FINCH, TRACY & MAY, CARL 2009. Making and unmaking telepatients: Identity and governance in new

- health technologies. *Science, Technology & Human Values* 34, 1: 9–33.
- NICHTER, MARK 1980. The layperson's perception of medicine as perspective into the utilization of multiple therapy systems in the Indian context. *Social Science & Medicine* 14B: 225–233.
- PARKIN, DAVID 2013. Medical crises and therapeutic talk. *Anthropology & Medicine* 20, 2: 124–141.
- PILNICK, ALISON; HINDMARSH, JON & VIRGINIA T. GILL (eds) 2010. *Communication in Healthcare Settings. Policy, Participation, and New Technologies*. Chichester: Wiley-Blackwell.
- PROUT, ALAN 1996. Actor-Network Theory, technology and medical sociology: An illustrative analysis of the metered dose inhalator. *Sociology of Health and Illness* 18, 2: 198–219.
- STRAUSS, ANSELM L.; FAGERHAUGH, SHIZUKO; SUCZEK, BARBARA & WIENER, CAROLYN 1985. *Social organization of medical work*. Chicago: University of Chicago Press.
- VERTOVEC, STEVEN 2007. Super-diversity and its implications. *Ethnic and Racial Studies* 30, 6: 1024–1054.
- VOSS, EHLER 2011. *Mediales Heilen in Deutschland. Eine Ethnographie*. Berlin: Reimer.
- WHYTE, SUSAN 1997. *Questioning Misfortune. The Pragmatics of Uncertainty in Eastern Uganda*. Cambridge: Cambridge University Press.
- ZILLINGER, MARTIN 2017. Graduated publics: Mediating trance in the age of technical reproduction. *Current Anthropology* 58: 41–55.



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